Men Sexually Abused as Children:
Application of the Ecological Model
in Explaining Adaptation

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Statement of the Research Problem

This study explores the experience of adaptation to life's demands by men who were sexually abused in childhood (CSA). The participants in this study may have begun their therapeutic journey for any reason. Woven through each of their stories, however, is an experience of sexual abuse before the age of 17 and all are in the process of dealing with life's demands.

The prevailing view in the literature is that those individuals who experienced sexual abuse as children are far more likely to develop significant psychosocial problems as adults than those who did not experience CSA (Briere & Runtz, 1993; Brown & Finklehor, 1986; Finklehor, 1990; Urquiza & Capra, 1990). However, the empirical literature also shows that CSA survivors, including men, exhibit resilience and present a range of psychosocial problems in adulthood from severe to relatively mild. Conte and Scherman (1987) reported that 21 percent of the CSA survivors in their study evidenced no pathological symptoms. In their report on a non-random sample of 46 families, Tong, Oates, and McDonnell (1987) found that after an experience of CSA, 36 percent ($n = 16$) of the children scored within the normal range on the Child Behavior Checklist and 40 percent ($n = 18$) scored within a normal range on a measure of self-concept. McLeer and Deblinger (1992) reported on a sample of 92 sexually abused children (71 girls, 21 boys) and found 13.5 percent did not evidence any traumatic symptoms. In Okami's (1991) report on a study of 37 men and 26 women with a history of childhood or adolescent sexual contact, the experience was rated as positive by 67 percent ($n = 48$), negative by 12.5 percent ($n = 8$), and neutral by 11.1 percent ($n = 7$). Among those who reported a positive response, 84 percent ($n = 40$) reported no apparent pathology. Among those who reported a negative response, 20 percent ($n = 2$) reported no apparent pathology.

Despite the range of adaptation among the findings, CSA remains a serious social problem. CSA incidence and prevalence rates vary. The National Center on Child Abuse and Neglect (1995) reported a CSA incidence rate of 14 percent ($n = 135,263$) based on data gathered from 40 states ($N = 966,163$). Based on data from the first national survey of CSA in a random sample of 2,626 people, Finklehor (1990) found a prevalence rate of 16 percent. Bell and Weinberg (1978) found a prevalence rate of 2.5 percent in a random

sample of 284 men. Murphy (1989) found a prevalence rate of 11 percent in a random ample of 777 men.

Adaptation is described as behaviors and patterns people use to successfully handle whatever problems, demands, and challenges life produces (Graska & Kirochenbaum, 1986). It is also described as the active efforts people make over time to achieve a goodness-of-fit within their environments in order to survive, develop, and become generative (Barker, 1987; Hart, 1992). Although adaptation is a reciprocal relationship between a person and the environment, at any given moment, it can be seen as the unique pattern and behaviors that express the quality of fit.

An all-male sample was used in this study because men CSA survivors are under-represented in the empirical literature. An ecological framework was used in this study because of its emphasis on adaptation and health, rather than pathology. This framework was also used because it allows for the contributions of the mediating variables in the life course to be assessed (Gilgun, 1990; Urquiza & Capra, 1990).

This retrospective study uses an ecological framework based on the Life Model for Social Work Practice (Germain & Gitterman, 1996). The Life Model emphasizes adaptation following traumatic life events as an alternative to medical theory's model of Posttraumatic stress disorder for understanding CSA's long term impact. The framework used in this study maintains that adaptation is influenced by coping efforts, personal resources, environmental resources, place in the social structure, aspects of the abuse context, and aspects of the abuse experience.

Research Questions

The following research questions were formulated: 1) Are there levels of adaptation among this group of men CSA survivors as suggested by the empirical literature? 2) Is there an inverse relationship between abuse severity and adult adaptation as indicated by the medical model? 3) Are there positive relationships between problem solving skills, affect management, and adaptation as suggested by the ecological framework? 4) Are there positive relationships between self-esteem, self-efficacy, and adaptation as suggested by the ecological framework? 5) Are there positive relationships between social support, network size, quality of support used, and adaptation as suggested by the ecological framework? 6) Does place in the social structure play a role in adaptation among this group? 7) How well does the proposed ecological framework account for the variation in adaptation as seen in this sample of men who were sexually abused in childhood?

It was hypothesized that there are levels of adaptation among men CSA survivors. It was expected that there would be an inverse relationship between abuse severity, place in

the social structure, and adaptation. A positive relationship between all the other variables and adaptation was expected. Finally, it was expected that a model based on this set of factors would account for a significant amount of the variation in adaptation level, lending support to the ecological framework as a tool for understanding long-term impact.

Methodology

The clinical research sample (N = 71) in this study is purposive and composed of volunteers sufficiently concerned about the quality of their adaptation to the demands of adult living that they sought mental health treatment. At the time of the abuse, 84.5 percent (n = 60) of these men were living in intact families. The majority of these men are Caucasian (n = 84.5%), college graduates (n = 51, 53.1%), and making a median salary of $37,000.00 per year. They are between 23 and 62 years of age and have participated, on average, in 25 months of psychotherapy.

The dependent variable, adaptation, was measured by an adaptation index, a composite score of the Global Severity Index of the Brief Symptom Inventory (Derogatis, 1993) and the Problem Checklist (Olson, 1990). A section of Briere's (1992) Child Maltreatment Interview Schedule was used to examine aspects of the abuse experience, which were converted into a severity index and a risk factor index. The severity index was based on Browne and Finklehor's (1986) evaluation of four abuse variables rated dichotomously and summed to achieve a number between 0 and 4. The risk factor index was a dichotomous variable indicating the presence (1) or absence (0) of risk factors like alcoholism, mental or physical illness, physical abuse, poverty, and unemployment in the family at the time of the abuse.

The independent variables operationalizing the domains of coping efforts (problem-solving skills and affect management), personal resources (self-esteem and self-efficacy), and environmental resources (perceived self-esteem, network size, and quality of resources used) were measured at the interval level with objective tests. Place in the social structure was measured by a power index (data rated dichotomously on race, sexual orientation, and relationship status resulting in a summative index at the interval level), income, and education.

These data were analyzed in three stages. Stage one involved a demographic description of the participants. Stage two involved a correlation analysis to evaluate the relationships between the variables and adaptation. Stage three involved a path analysis to identify the variables that directly or indirectly influenced adaptation as predicted from the chronological nature of the ecological framework. The path analysis also assessed the goodness-of-fit for a model based on this set of variables.

Results

A visual inspection of the histogram for the adaptation index showed the scores in three data clusters. These clusters were identified for purposes of analysis as high (.09 to 3.0), moderate (3.01 to 6.0), and low (6.01 to 7.8) adaptation. A hypothesis that stated there is no difference between these groups was tested. ANOVA procedures useful for testing group differences on each of the two components of the adaptation index were run. The F ratio using the Global Severity Index was $F = 35.04$, $df = [2, 68]$, $p = .0001$. The Tukey-B multiple comparison test found the differences between high and low adaptation significant at the .05 level. The F ratio using the Problem Checklist Score was $F = 103.92$, $df = [2, 68]$, $p = .0001$. The Tukey-B multiple comparison test found the differences between all three adaptation levels significant at the .05 level. This finding supports the conclusion that the groups represent different levels of adaptation. It also supports the idea that the differences are related to the dimensions of internal and external adaptation.

The final path model includes one variable from each of the major constructs in the proposed ecological framework: self- efficacy, the power index, perceived social support, and anxiety. The most influential variable on adaptation is anxiety (beta = -.51, $p = .0001$). Place in the social structure contributes directly to reduced anxiety (beta = -.26, $p = .0141$). Perception of social support, even more than the actual use of support, influences anxiety directly (beta = -.31, $p = .0001$) and adaptation directly (beta = .27, $p = .002$). Self-efficacy also influences anxiety directly (beta = -.46, $p = .0001$) and adaptation directly (beta = .26, $p = .004$). This model explains 65.4 percent of the variation in adaptation ($F = 25.56$, df [5, 60], $p = .0001$). These findings support the conclusion that a model including these four variables makes a substantial contribution to understanding adaptation for these men.

Despite the theoretical relevance asserted for it in the literature, abuse severity is not correlated with the level of adult adaptation for this group of men CSA survivors. The Pearson r value for abuse severity and adaptation is .11, $p = .19$. This failure to support medical theory's key assumption strengthens the call for alternative approaches to accounting for outcomes.

A set of attitudes and behaviors that serve to challenge efforts at adaptation emerged. They include: anger management, underachievement at work, use of alcohol, and compulsive patterns regarding sexual behavior, interpersonal relationships, overeating, and overworking. These are the most frequently identified issues for on-going treatment for this group of men survivors even after an average of 25 months of mental health intervention.

The social supports used most often are mental health professionals (91.5%, $n = 65$), friends (87.3%, $n = 62$), partners (67.6%, $n = 48$), relatives (66.2%, $n = 47$),

neighbors/co-workers (53.5%, n = 38), and parents (46.5%, n = 33). These data indicate that access to professional intervention and participation of the present nuclear family and/or significant others are important support for this group of men. These supports represent both formal and informal resources.

A limitation of the ecological framework is its lack of parsimony. A full fifteen variables were entered into this model, but only four remained. These four, however, accounted for 65.4 percent of the variation in adaptation among this group. This finding supports the need for a review of the ecological framework with respect to parsimony. The tenuous use of the ecological framework in empirical studies may be related to this limitation (Wakefield, 1996).

Implications for Social Work Practice

Three of the key clinical practice conclusions that emerge from this study are of primary significance. One, CSA has its principal impact in the cognitive realm. Two, treatment goals should include the significant variables in the model, that is, self-efficacy, the power index, perceived social support, and anxiety. Three, place in the social structure may nuance interventions for each CSA survivor.

Finklehor (1990) places the damage done by CSA primarily in the cognitive realm. This study lends a measure of support to that view. Self-efficacy and perceived social support denote cognitive perceptions of the survivor about himself and his access to environmental resources. The results of this study indicate that the CSA survivor's distortion of these perceptions, which govern one's assessment of what is possible, is most influential in raising anxiety and lowering levels of adaptation. A limitation to this study is the absence of information about the use of medication as part of the treatment. This information may have shed more light on the relationship between anxiety reduction and adaptation.

This research highlights the importance of specific treatment goals in working with CSA men survivors. Clinical treatment should include interventions designed to enhance selfefficacy, strengthen social supports, both formal and informal, and improve anxiety management. Challenges faced in clinical treatment include anger management, a number of compulsions (sexual behavior, relationships, overeating, overworking, and overspending), and a sense of underachievement at work.

The power index, as a measure of place in the social structure, indirectly influences adaptation by reducing anxiety. Factors included in the power index are race, relationship status, and sexual orientation. The sample is predominantly Caucasian. It is fairly evenly divided by sexual orientation and relationship status. This study lends support to the

assumption that sexual orientation and relationship status may provide significant challenges to the adaptation process.

Three key policy practice conclusions also emerge from this study. One, there is a need for advocacy regarding access to mental health services. Two, education concerning sexual abuse recovery needs to be provided for caregivers. Three, continued research needs to incorporate qualitative approaches.

Professional mental health services are an important resource for this group of men CSA survivors. Half of the participants have received more than 25 months of treatment. In the present climate of managed care and health care reform, advocacy for access to mental health services is an important policy practice goal to insure appropriate intervention for those seeking help.

Social work intervention from an ecological perspective suggests the importance of education for clinicians, insurance providers, and people significant to CSA survivors concerning sexual abuse recovery. Perceived social support is an important dimension for enabling a CSA survivor to move toward adaptation. This theme indicates that informed treatment by professionals, access to adequate treatment for survivors, and treatment inclusive of those who are resources of support in the survivors life situation are necessary contributions to effective intervention.

Practitioners are in a unique position to carry out research with the CSA men they treat. Individual contact, rather than traditional survey methods, proved more successful in engaging participants for this study. Qualitative research methods are appropriate for studying phenomena with traditionally small, non-random samples.

In summary, this research found support for the use of an ecological framework in understanding adaptation by men CSA survivors, however, much more empirical research is clearly needed. Longitudinal and qualitative designs may provide the best approaches to this area of inquiry. To better understand the initial adaptive environment, valid and reliable measures for assessing the sexual abuse context need to be employed. Greater parsimony in the framework with more sophisticated research designs will help to fill the gaps in our knowledge. Understanding of the adaptation experience for men CSA survivors will enhance the quality of our social work interventions.

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